

**PUBLIC INFORMATION & COMMUNICATION SERVICES
NIH TASK ORDER (For Use by Other Federal Agencies)**

RFTOP NUMBER: RFTOP 251 (CDC 24)

TITLE: Strategic Communications for HIV, STD and TB Prevention

PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

A. Point of Contact Name:

Helen Mitchell

Email: hjm3@cdc.gov

Phone: 770-488-1114

Mailing and Billing Address:

CDC/PGO

Helen Mitchell, Contract Specialist

Mailstop 71

2920 Brandywine Road

Atlanta, GA 30341

B. Proposed Period of Performance: The performance period begins with date of award and the overall end date is nine months from award date.

C. Pricing Method: Cost Plus Fixed Fee

D. Proposal Instructions: Proposals are to be forward electronically via email to Helen Mitchell, hjm3@cdc.gov by July 13, 2005 at 4PM EST..

Questions regarding this proposal are to be submitted electronically to Helen Mitchell, hjm3@cdc.gov by June 20, 2005 at 4PM EST.

F. TASK DESCRIPTION:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF COMMUNICATION
ATLANTA, GEORGIA 30333**

REQUEST FOR TASK ORDER PROPOSAL

Title: Strategic Communications for HIV, STD and TB Prevention

Contract reference: This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as Tasks 2, 3, 5, 6, and 11.

Page Suggestion:

CDC suggests that contractors limit their proposals to no more than 25 pages of text for the technical proposal. Attachments may be included with staff CVs and with additional documentation that may be required for demonstrating similar experience of the contractor.

Budget format suggestion:

Please provide an Excel spreadsheet with the budget justified by task and phased by month and quarter. Because the task order will cross over fiscal years, CDC anticipates funding the task order incrementally by quarters. Budgets, staff hours, and ODCs for this task order should be organized around the deliverables described herein. Budgets for any additional or alternative proposals by the contractor should be presented as **optional budget spreadsheets**. Please sum all totals for hours per deliverable and hours total as well as costs per deliverable and total project.

Funding Range: (check one)

*(Provide range from cost estimate form; these categories are fixed by PGO and should be used as noted.)**

- ☐ Under \$100,000
- ☐ Over \$100,000 but less than \$300,000
- ☐ Over \$300,000 but less than \$500,000
- ☐ Over \$500,000 but less than \$700,000
- ☐ Over \$700,000 but less than \$1,000,000
- ☒ Over \$1,000,000

Type of Pricing Requested: (check one)

- ☒ Cost Plus Fixed Fee
- ☐ Other (Specify) _____

Background:

Issues surrounding HIV and AIDS have always attracted intense media attention. Over the years, the public has depended more and more on the news for their information about HIV/AIDS. In fact, surveys have indicated that 90% of the public receives most of their information about HIV and AIDS through the news media. Additionally, the public has increasingly looked to the media for information on STDs and TB. HIV, STDs, and TB are feared diseases which largely affect disenfranchised populations; are transmitted (with the exception of TB) largely through behaviors that challenge ingrained beliefs and prejudices; and are diseases fraught with issues pertaining to civil rights and privacy. Prevention efforts may therefore provoke strong responses from individuals and organizations who have agendas unrelated to public health. It is therefore essential that CDC be prepared to respond to any misinformation that may pose barriers to effective prevention programs. An effective media relations program can be utilized to deliver vital prevention messages through the news media and to frame or reframe emerging issues in a manner that advances public health.

In the past several years HIV prevention, in particular, has become extraordinarily complex. Advances in biomedical treatments have challenged the landscape considerably. AIDS surveillance is no longer adequate to determine trends in the epidemic; therefore as HIV surveillance is in the process of being enacted nationally, HIV prevention programs are susceptible to misreading where the epidemic is evolving. At the same time, the national picture is getting more and more difficult to communicate—given that we now only have “snapshots” of the epidemic. Since AIDS surveillance has been the most comprehensive health surveillance system in history, the public (and media) are used to more definitive numbers from CDC than we are able to provide at this stage of the epidemic. The National Center for HIV, STD and TB Prevention’s (NCHSTP) communications around surveillance and trends must focus on state, local, and regional epidemics, as well as explain the “big picture” with limited data.

In April 2003, CDC announced the Advancing HIV Prevention initiative, a four-part strategy aimed at reducing the number of new HIV infections in the United States. Although the initial announcement resulted in mostly favorable media coverage and limited responses from community-based organizations, criticism of the initiative has subsequently mounted. Therefore, a comprehensive communications plan for CDC partners, policymakers, and news media was developed to help facilitate the implementation of the initiative. In addition to the new initiative, other communication priorities have been established for the Division of HIV/AIDS Prevention and Global AIDS Program, including: HIV prevention effectiveness; the resurgence of HIV among men who have sex with men; HIV/AIDS among African Americans and Latinos; and CDC’s role in fighting the global epidemic.

Similarly, STD prevention in the United States faces unique communications challenges. STDs are often called “silent” or “hidden” epidemics. Millions of people contract an STD every year, yet STDs remain one of the most under recognized health threats in the country today. Despite the fact that STDs are extremely widespread and have severe and sometimes deadly consequences, most Americans remain unaware of the scope of STDs other than HIV. While extremely common, STDs are difficult to track. Many of these diseases do not have symptoms and remain undiagnosed. Even diseases that are diagnosed are frequently not reported or counted. The immediate and long-term disease burden and costs associated with STDs globally and in the US are immense. STDs are one of the most critical challenges in the nation today

because of their severe and costly consequences for women and infants, their tremendous impact on the health of adolescents and young adults (especially among minority populations), and the integral role other STDs play in the transmission of HIV infection. Yet, STDs are not viewed by the public or the media as critical health issues.

Similar challenges exist for TB prevention efforts. Although TB outbreaks occur in communities across the country, TB in the U.S. is now at the lowest level in history. The possibility of TB elimination now exists, yet there is a lack of public understanding of the required steps for elimination and the necessity of maintaining and expanding TB control systems. The overall decline in TB cases masks several dangers that continue to lurk just beneath the surface of this epidemic. If these dangers are not addressed, progress toward TB elimination could again be reversed. Current data point to a number of areas of continued concern including: the increasing impact of the global TB epidemic on the U.S. epidemic; the continued threat of multi-drug resistant TB; and the continued impact of TB on HIV-infected populations. Yet, it is difficult to communicate the importance of addressing these challenges of TB elimination, given the low number of cases, compared to other health issues (i.e., does not seem urgent).

Our office works in coordination with the Divisions within the Center to develop, evaluate, and revise long-term communication plans to more clearly define audiences, communication objectives, and media strategies for their programs.

A key to effective communications is a solid understanding of the opportunities and challenges for disease prevention outreach and the environment in which communications will be received. Because public health programs do not operate in a vacuum, but rather in a constantly changing political, social and legal environment, it is critical to stay abreast of how prevention programs and messages are being interpreted, understood, and portrayed by key audiences, influencers, partners, and the media.

Another key to the successful completion of activities is the effective utilization on ongoing environmental analyses. These analyses, as they are currently conducted, inform the design and implementation of specific tactics for achieving communication objectives. Additionally, the systems currently in place, allow the specific tactics or strategies to be quickly altered based on current events or breaking news.

If funds are available and it is deemed necessary, this Task could be extended through FY 2006.

Description of work:

The Contractor shall provide all necessary personnel, labor, facilities, equipment, materials and supplies, supervision, and other incidentals to design and implement specific tactics for achieving outlined objectives detailed in the NCHSTP communication plan over the next 9 months from the start date of this task order.

Task 1: Develop an HIV prevention communication tactical plan

1. Develop a 9-month tactical plan to continue addressing the principle communications objectives identified by the NCHSTP Division of HIV/AIDS Prevention. These

objectives are: 1) continue promoting the Advancing HIV Prevention Initiative and the importance of HIV testing; 2) communicate the importance of HIV prevention; and 3) develop new ways to emphasize the effectiveness of HIV prevention.

Task 2: Provide ongoing media and partner outreach around the HIV communications plan.

1. Based on the communication strategy and ongoing environmental analysis, implement the tactical plan for HIV prevention communications through outreach to the media and key constituencies.
2. Identify and address opportunities and barriers to the implementation of identified tactics.
3. Providing strategic counsel on emerging scientific, political, and public health issues impacting CDC's HIV, STD and TB prevention programs.
4. Develop and implement media and partnership messages, materials, and channels as needed. These may include speaking opportunities, conferences, op-eds, matte releases, telebriefings, etc.
5. Arrange for necessary media training of spokespeople. Training sessions may include 1 to 5 people in each session.
6. Distribute materials to media and partner organizations. These materials may include press releases, press kits, fact sheets, etc.
7. Evaluate and revise strategies based on ongoing analysis of media and community response.

Task 3: Provide conference support for national and international conferences.

1. Provide strategic planning and support for conferences, which may include but is not limited to the Retrovirus Conference, National STD Prevention Conference, International AIDS Conference, and National TB Controllers Meeting.
2. Provide advice and consultation in the development of themes, messages, concepts, and materials, demonstrating how advice will advance objectives of the overall news media plan.
3. Provide support for proactive news media outreach to print and broadcast media which may include, but is not limited to: mailings to the media; daily "blast faxing" of press releases; coordinating satellite interviews and feeds from conferences; coordination of CDC press conferences; video-taping press conferences; production, editing and distribution of audio or video news releases and/or b-roll packages.
4. Provide design concepts and produce press kit folders, letterhead, and support materials for distribution to media and other audiences at the conference.
5. Produce and distribute up to 1,000 press kits to the media and other partners prior to the conference.
6. As needed, provide on-site technical support, consultation and logistical support at the conferences. Contractor shall be responsible for acquiring all technical equipment ensuring that the equipment is fully operational throughout the conference. Equipment may include, but is not limited to: computers and printers, fax machines, telephones, easels, copiers, cell phones and pagers.
7. Provide detailed evaluation of broadcast, print and other media coverage during and immediately following conferences. Analyze media coverage of NCHSTP messages and evaluate media outreach.

Task 4: Provide STD and TB media support.

1. Develop media strategies to maximize opportunities to raise visibility of STD and TB prevention issues.
2. Implement media and partnership outreach strategies to frame emerging science on STD and TB prevention.

Task 5: Provide priority issues management.

1. As issues arise, develop and implement a response strategy to address news media and partners.

Task 6: Media monitoring.

1. On a daily basis, monitor national news sources for stories relevant to HIV, STD and TB prevention and provide clips of relevant stories to NCHSTP and relevant contractors by 8:30 am (ET). The news sources should include: the *Washington Post*, *New York Times*, Associated Press (National, Atlanta, and DC wires), *Wall Street Journal*, *Washington Times* and *USA Today*.
2. On a daily basis, monitor multiple news sources for stories relevant to HIV, STD and TB. The sources should include national print and broadcast media, top daily newspapers through the nation, major weekly publications, major radio networks, alternative media, including the gay press, women's magazines, and major African-American and Hispanic newspapers and magazines. Provide this information to NCHSTP and specified contractors daily and in a timely manner.
3. Conduct a media analysis of coverage of select NCHSTP media releases, as they are determined throughout the year. The analysis includes a list of all news articles, transcripts, and tapes pertaining to the release and copies of the stories.
4. Monitor newsletters and web sites of major HIV, STD and TB advocacy, public health and prevention organizations. Provide this information to NCHSTP and specified contractors weekly.

Task 7: Summaries and analyses of stories

1. On a daily basis, prepare a one-paragraph summary of each of the day's news stories found through the media monitoring task. This summary should be sent electronically to the CDC National Public Information Network for distribution to the Prevention News Update subscribers.
2. Conduct media analyses of coverage of selected topics, as they are determined throughout the year. The analysis includes a list of all news articles, transcripts, and tapes pertaining to the topic and copies of the stories.

Items from CDC appropriate for preparation of proposals:

None.

Item from CDC appropriate for task completion:

None.

Deliverables:

Task	Deliverable	Qty	Date
1.1 **	Develop an HIV prevention communications tactical plan	1	TBD
2.5	Arrange media training sessions for spokespeople (1 to 5 people per session)	3 to 4 training session	8/1/05, 11/1/05, 3/1/06
2.6	Distribute materials to media and partners	4 to 5	
3.1	Strategic planning and support for conferences	3 conferences	7/10-13/05, 2/22-25/06, 3/8-17/06
3.2	Develop themes, messages, concepts and materials	3 conferences	7/10-13/05, 2/22-25/06, 3/8-17/06
3.3	Develop and implement plan for outreach to news media	3 conferences	7/10-13/05, 2/22-25/06, 3/8-17/06
3.4	Design concepts for press materials	3 conferences	7/10-13/05, 2/22-25/06, 3/8-17/06
3.5	Produce and distribute press materials to media and key partners	3,000	7/10-13/05, 2/22-25/06, 3/8-17/06
3.6	Provide on-site technical and logistical support	3 conferences	7/10-13/05, 2/22-25/06, 3/8-17/06
3.7	Analyze media coverage and provide detailed evaluation	3 conferences	7/10-13/05, 2/22-25/06, 3/8-17/06
4.1	Develop STD and TB media strategies	2	8/1/05, 9/1/05
4.2	Design and implement media and partnership outreach to frame emerging science on STD and TB prevention	3 to 4	8/1/05,
5.1	Develop and implement a response strategy for emerging issues	3 to 4	9/1/05
6.1	Deliver a morning media report by 8:30 am (ET)	Daily	Daily
6.2	Deliver a daily compilation of news stories relevant to HIV, STD and TB	Daily	Daily
6.3	Provide analyses of media coverage surrounding NCHSTP releases	4 to 8	7/1/05, 9/1/05, 11/1/05, 2/1/06
7.1	Prepare the daily news summaries and deliver the summaries to CDC NPIN	Daily	Daily
7.2	Conduct media analyses of coverage of selected topics	4 to 8	8/1/05, 10/1/05,

			12/1/05, 3/1/05
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**Date will be specified when contract is awarded.

Special Clearances:

Check all that apply:

___ OMB
___ Human Subjects
___ Privacy Act

Production Clearances:

___ 524 (concept)
___ 524a (audiovisual)
___ 615 (printing)

Evaluation Criteria:

A. Award: This task order will be awarded to the contractor whose proposal is considered to be the most advantageous to the Government, price and other factors identified below considered. Technical factors will be more important than costs in this evaluation. The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.

B. Technical Evaluation:

A clear, detailed description of the Contractor's approach for providing the requested services is required. The description should include the Contractor's approach to accomplishing the tasks within this project. Because this RFTOP describes numerous deliverables, Contractors need not reiterate what is described but should outline their plan, costs, timeline, and assigned personnel for the overall project being sure to address each deliverable.

The technical evaluation will be performed in accordance with the following criteria:

Criteria	Points or relative <u>Value of criteria</u>
Technical Approach	25%
Staffing and Management	30%
Similar Experience	30%
Recommendations	15%

Technical Approach:

Contractors are to provide a discussion of their technical approach for providing the services required for this task order. The considerations, processes, and deliverables described in this RFTOP should be evident in the Contractors work plan. Descriptions of who will be responsible for each deliverable, time lines, and a clear understanding of

what CDC/NCHSTP desires to have done, at a minimum, should be described in a brief narrative and/or tables, graphs, or charts.

Staffing and Management:

Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this task order; and (2) a management plan that describes their approach for managing the work, to include subcontract management if applicable. This criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror's staffing and management plans for this task order.

Similar Experience:

Provide information reflecting the contractor's organizational capacity for projects similar in complexity and scope. This criteria will be evaluated to determine appropriate experience of assigned personnel.

Recommendations:

Contractors are to provide ideas and/or suggestions about creative and/or innovative ways to accomplish either the processes or products described in this task. This criteria will be evaluated by examining the creative ideas offered and the rationale that supports the ideas presented.

C. Cost Evaluation: A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the contractor's cost proposal.

Proposed Technical Monitor:

Tammy Nunnally, NCHSTP Office of Communication, 404-639-8935, Mailstop E-07
Program contact for budget and administrative information: Bonita Johnson, 404-639-3067

Project Officer: Brittney Spilker, Division of Creative Services